



St. Cloud Youth Hockey Association Scholarship Application

The St. Cloud Youth Hockey Association is offering scholarships to graduating seniors from each of the three St. Cloud High Schools, including the Ice Breakers. This scholarship is to recognize the connection that exists between youth hockey participation, academic excellence, community activities, volunteer work and leadership.

Please answer all questions carefully and accurately. Only typed applications will be accepted. The St. Cloud Youth Hockey Association has full responsibility in the selection process and final determination of recipients. All information contained in this application will remain confidential.

Criteria:

- Must be a graduating high school senior at Apollo, Cathedral or Tech High School
- Must attend college or university or post secondary education in the fall of the upcoming semester
- Must have a minimum 3.0 G.P.A
- Must participate in extra curricular activities
- Must demonstrate involvement in the community or volunteer work outside of school, during the course of the academic school year
- Must have participated in St. Cloud Youth Hockey for a minimum of four seasons.

Please note: All information must be completed and returned together to the Guidance Office by March 30, 2020.

School Activities or Offices Held (areas, positions, years)

Community Activities or volunteer work (areas, positions, years) –attach separate sheet if necessary

Work Experience (include part-time and summer jobs)

Name of school you plan to attend: _____

Occupational field of interest/major: _____

E. Personal Essay

On a separate sheet of paper, submit a typed essay of 500 words or less, that describes **Lessons you have learned while participating in youth hockey that apply to life.** (attach your essay to this application)

Guidance Counselor's Report _____ has applied for the St. Cloud Youth Hockey Scholarship. In that regard, please provide the information requested below. Any information provided will be considered confidential and used by the members of the Scholarship Committee in reviewing the candidate's application.

Name of School _____

Name of Guidance Counselor _____

Signature of Guidance Counselor _____

Date ____/____